

1 CHAIRMAN JAMES: Mr. Svendson.

2 MR. SVENDSON: Thank you. I appreciate the
3 opportunity to appear before this group. My name is Rodger
4 Svendson. I actually work for the Minnesota Institute of Public
5 Health; we have a contract with the Minnesota Department of Human
6 Services, so I'm not a state employee.

7 I am going to focus most of my efforts on the area of
8 prevention. My company, we manage the Compulsive Gambling
9 Hotline for the State of Minnesota and much of my day goes into
10 working with problem gamblers, but I'm going to focus primarily
11 on the area of prevention this morning.

12 I'm going to repeat some comments that I put in the
13 materials that you have, and it goes back to about 2-1/2 years
14 ago when my son came to be about a month before his 18th
15 birthday, and he said, Well, Dad, you won't be having to have a
16 birthday party for me this year. And I said, Oh, well, why is
17 that? He said, I'll be going to the casino.

18 And Brian was absolutely part of what has become a
19 new rite of passage for young people in our state and I think
20 around the country: to go to a casino on your birthday.
21 Gathering comp cards from different casinos, I found very
22 shortly, was something that was also something that was done
23 very, very deliberately by many young people.

24 My first thought when I heard him say what he said to
25 me was, well, I had feelings of fear, apprehension, and anxiety,
26 and I thought, well, maybe if I forget about it, the desire will
27 go away. Then I thought I could tell him he wouldn't have a good
28 time, that it was really dumb to gamble his money away. I even

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1 thought for a moment: Maybe I should just forbid him to go. But
2 none of those responses seemed either realistic or very helpful.

3 And I don't think that I'm much different than a lot
4 of other parents and people across the country today. Even
5 though gambling has been around for centuries, it's different.
6 My daughter is six years older than my son, and we didn't have to
7 have the discussion I had with my son because gambling has come
8 on the scene since then.

9 So I chose to have a serious discussion with my son.
10 I told him that I was as much concerned about his winning as his
11 losing. In fact, I said to him: If I could go out there and rig
12 it, I'd try to have you lose everything. Because we know in the
13 history of many compulsive gamblers, there's an early big win.
14 The hook, so to speak, is set for some people.

15 I talked to him about the characteristics that we
16 know about low-risk gambling; I talked to him about the need to
17 set personal guidelines for whatever it is a person is going to
18 do in life; we talked about the odds of winning; most of all I
19 think we had a very good discussion that was moving him in the
20 direction of setting some guidelines around how to deal with
21 something that's become a very prevalent part of our society. He
22 didn't go to the casino on his birthday, but I think he went very
23 shortly thereafter.

24 What I'd like to do is to share a little bit about
25 how we deal with people like my son, like of other people who are
26 growing up as part of the first generation that are living in a
27 world where gambling is both more available than it's ever been
28 and fairly highly advertised and promoted.

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1 And so we've begun in our prevention efforts to view
2 gambling as recreation with risk, and just as if somebody is
3 going to go on a vacation and drive a car, there's risk involved
4 with that, you need to wear your seatbelts; if you're going to
5 read for leisure, for recreation, you need to have a well-lit
6 environment or you could get eyestrain. Any kind of recreation
7 probably has some kind of risk, and so we need to prepare people
8 for the risks surrounding gambling.

9 In your materials I put a gambling behavior continuum
10 in those materials for you, and it moves from the left-hand side
11 from the person that chooses not to gamble or rarely gambles, to
12 a casual social gambler, to that heavy social gambler, to a
13 problem gambler, to the pathological compulsive gambler.

14 Our prevention efforts that I'm going to talk about
15 focus in on those first three groups: people that choose not to
16 gamble, people that gamble casually, and then some that gamble
17 quite a bit but they're still in control, they're not in trouble.
18 We have to think of at least three different kinds of messages,
19 we can't blanket everybody with the same message.

20 That rare non-gambler, we've got to communicate that
21 that's a healthy, absolutely low-risk decision if you choose not
22 to gamble. We need to reinforce that, that needs to be
23 supported, but many people choose to gamble. The casual social
24 gambler, we need help establishing support guidelines for low-
25 risk gambling. And those people that choose to gamble quite a
26 bit, like the very avid golfer, the very avid fisher person, or
27 whatever, we need to prevent low-risk behaviors from becoming
28 high risk.

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1 And so our efforts are designed to help people set
2 guidelines. The outcome of setting guidelines is twofold: we
3 can help direct and teach young people like my son; we can also
4 use those guidelines to intervene with people who are having
5 problems earlier, much earlier.

6 And I would suggest that in the materials I
7 summarized four characteristics of low-risk gamblers that we have
8 basically found to be, I think, helpful for people -- and again,
9 I'm talking about people who do not have a problem.

10 That first characteristic is low-risk gamblers know
11 that over time everyone loses, nearly everyone loses. You know,
12 gambling is far more about math than it is about luck. And so
13 the benefits of gambling are recreation, they're rarely ever
14 financial. People need to know that. I've talked with college
15 campus groups, with young people, and they look at me like I'm
16 crazy, but over time most people will lose.

17 Low-risk gambling that's done socially with other
18 kinds of activity seems to be less risky.

19 We know that people have to be careful about the
20 amount of time that is spent in gambling, both frequency and
21 duration. We can't tell you exactly when you get a problem, but
22 we know the more often you do it and the longer period of time
23 you do it, the greater the risk. You need to talk with people
24 about that.

25 And then finally, very consistent with what Bob said
26 earlier, low-risk gambling always has predetermined acceptable
27 limits for losses.

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1 Those kinds of low-risk characteristics have become a
2 part of much of what we do in the area of prevention, and in the
3 work that I've done, we have done two different kinds of
4 prevention: we have been involved in general public awareness,
5 as well as more significant targeted prevention outreach efforts.
6 I provided a summary of some of those for you. I'd like to just
7 talk about those for a few minutes, and I've got some overlays
8 I'd like to use.

9 One of our objectives with our hotline, and a part of
10 the prevention effort, is to communicate to people that help is
11 available, that gambling is a problem. And as you can see in the
12 materials that I gave you, we advertise our number everywhere:
13 in the yellow pages, Asian pages, Black pages, we have bus signs.

14 We at one time put signs like this in all of our MTC
15 buses, just alerting people that there is a hotline available.
16 We have done billboards; they're costly. This past year we even
17 did on the back of grocery receipts where people get the little
18 10 percent off of dry cleaning and so forth, we put the hotline
19 number there. We've done a lot of things to communicate to
20 people that there is gambling, there is help for gambling.

21 We've done a lot of poster kinds of things, general:
22 "You don't have to do drugs to get hooked by a dealer." We've
23 done things targeted at different types of people. This was
24 focusing in on pulltabs. In Minnesota, pulltabs is a big form of
25 gambling: "Excuse me, I think you just dropped your paycheck."
26 Again, we have done all kinds of general kinds of awareness
27 efforts.

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1 We also have zeroed in on specific targets. In fact,
2 if you were to ask me what one of the biggest problems young
3 people have with gambling, I'd say it's those young people that
4 are living in families where somebody has a gambling problem, a
5 parent.

6 We did an outreach to our counselors where we did a
7 poster: "It's 10:00 p.m.; do you know where your parents are?"
8 And this wasn't a slam at parents, it was sent to counselors
9 because we wanted them to be aware of the fact that gambling is
10 now a problem and we need to think about it as we interact with
11 young people that are coming in to deal with us. And you'd be
12 surprised. We've gotten calls from school counselors' offices
13 where they've had the young person call us right from their
14 office. Again we targeted schools in a variety of different
15 ways.

16 We knew that older people were involved with
17 gambling, so we targeted a major effort at older Minnesotans.
18 This was the poster we used: "Do you really want to spend your
19 golden years hooked up to a machine?" We made information drops
20 and mailings to all kinds of senior groups in the state,
21 religious groups, et cetera.

22 We know that gambling is associated with chemical
23 dependency, so we did a targeted outreach to all chemical
24 dependency programs: "Problem drinkers are often in a position to
25 become problem gamblers." Again, to alert people, professionals
26 in that area that gambling is something that is a growing concern
27 and connects with chemical dependency.

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1 One that we just sent out this week we're aiming at
2 college students. They tell us you almost have to hit them over
3 the head, the college male, with a two by four in the forehead to
4 get their attention, so we did a new poster with a urinal, and
5 we're hoping they will look at it: "If gambling is becoming a
6 fixture in your life, maybe you'd better call us." Again, we've
7 sent that to residence halls throughout our college community.

8 We had a different suggestion for a caption for that;
9 we couldn't use it.

10 (Laughter.)

11 MR. SVENDSON: We have another aimed at sports
12 betting: "Didn't cover the receiver, didn't cover the spread."
13 "If the game means more to you than it does to players, it's time
14 to stop betting on sports and give us a call." Again, we work
15 with residence hall directors, et cetera. We will be doing one,
16 a focus on women, and we found in developing this poster that
17 that is a very powerful communication to the female. One of the
18 members on our committee that helped us work with this, he said,
19 Rodger, I know you designed that for women, but you couldn't have
20 designed a better poster for the senior population. Again, we're
21 going to be doing things with women's groups: "How will your
22 family remember you?"
23 And I've got copies of all this stuff for you.

24 We did a gambling booklet "Gambling Choices and
25 Guidelines" that really tries to get at information that people
26 need to make low-risk choices as well as to intervene and help
27 people who are in trouble. We just revised it. In fact, we just
28 sent an 8,000 piece mailing to people in our state, to all

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1 counselors, therapists, et cetera. We put a copy of the booklet;
2 we have a web page, we put a web sticker in there; we put our new
3 brochure, our newsletter; and again, continuous communications
4 that this is a problem.

5 We've developed a curriculum that's used by people in
6 schools: "Improving your odds." Our extension service in
7 Minnesota has developed a middle school curriculum; we have a
8 program that we've used primarily with religious groups, adult
9 forums called "Table Talk, a Program for Families about Winning,
10 Losing, and Staying out of Trouble with Gambling"; we've
11 developed some trigger films with our extension service that
12 accompany our videos and it's called "Deal Me In."

13 Again, we have taken a look at some special
14 populations. We've had an increasingly big concern about
15 gambling among our Southeast Asian communities, and so we worked
16 with the Asian community and we integrated gambling in a Healthy
17 Youth and Family Southeast Asian Effort. And then with middle
18 school young people in the Cambodia, Laotian and Mong
19 communities, we developed a middle school gambling education
20 program for them.

21 Again, in our religious outreach with the faith
22 community, we did a study guide: "Gambling: Recreation with
23 Risk" that we've provided to the faith communities, and along
24 with bulletin inserts, a lot of kinds of materials.

25 And so when I saw on the letter to visit with you
26 today that you wanted an idea of some of the kinds of strategy
27 that we've been involved in, prevention is public awareness, it's
28 also in-depth things like curriculums, quality discussions. We

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1 have been involved in a lot of different efforts. This is a
2 seven-year summary, really. What we don't have is we've never
3 had the resources to do it well. When I say we did a grocery
4 store receipt, we did it at three big stores. I mean, that's
5 pretty insignificant, but we got calls from people that had
6 gotten that information.

7 So I think we're learning about prevention, I think
8 we know some things that will work from what we have learned in
9 the alcohol and drug area, we simply have not had the resources
10 to really do it comprehensively or to take a look at evaluating
11 it. Thank you.

12 CHAIRMAN JAMES: Thank you very much.

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